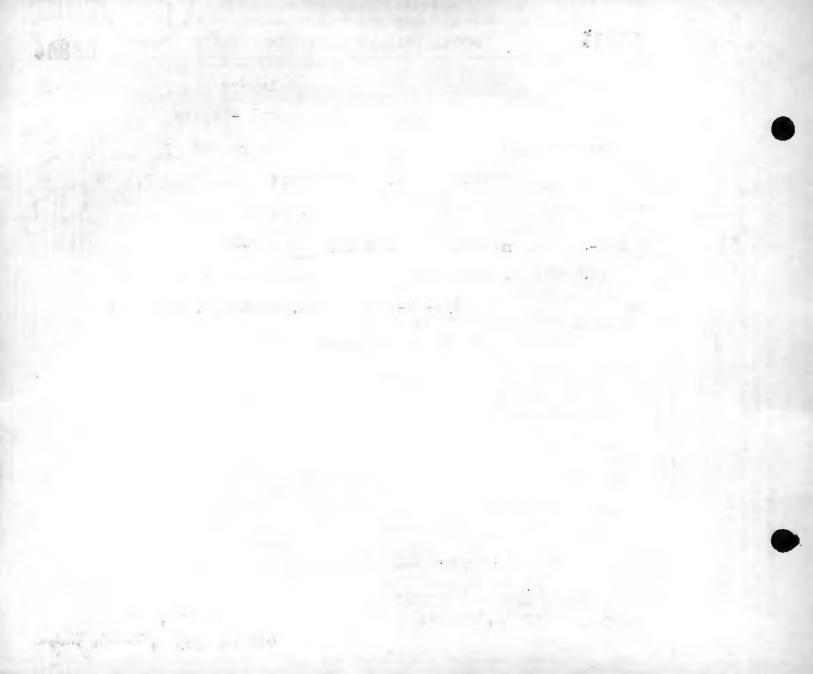
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08803 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. by the funeral .. Poges 1 and 2 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY b. COUNTY Cecido Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve corbon popers. Pog event, within 72 hours write RURAL and give nearest town) 1 day North East. Elkton filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Union Hospital Main Street YES NO. NAME OF Middle Lost 4 DATE Month Year completely DECEASED (Type or print) Christy 19 66 D. May Barrow CHARLES THE DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Female Cau. WIDOWED SE DIVORCED the ottending physicion and sit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Penna. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Benjamin F. Deaver Ladd Fisher WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 4-22-9052 Mrs. Annie Boyd, North East. Md. cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN signed by the buriol-tronsit buriol, cremoti PART I. DEATH WAS CAUSED BY Gastric hemorrhage IMMEDIATE CAUSE (o) DUE TO Carcinoma of the stomach Unknown Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying cause offending the prior to hos been lost. 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Dept. of Heolth NO N this certificote ATTENDING PHYSICIAN: by the hospitol or 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) Hour p.m. foctory, street, office bldg., etc.) Not While of work 10 FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram Sept. 12 saw the deceased alive on May 11, and that death occurred to May II, be refoined , and that death occurred at 1:15 Mp fram causes and on the date stated above. 22b. DATE SIGNED 5/11/66 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESSE PHYSICIÁN'S Main St., Elkton, Md. Ralph Andrews, Jr., M.D. NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) May 14 1066 Oakwood Cemetery Conowingo REGISTRAR'S SIGNATUR 25o. REC'D BY REGISTRAR PUNERAL DIRECTOR 25b. VR A15 (4) 20 M 1/66 Ow Perryville, Md and

11000 coupling of the symptom I Celly Present To

STILL FOR dniles in the I BATAR LTRUX THE TRANSPORT HER COLD SERVE Livin 121 qui linase . I , salva estat, , legot berold, IV S , et al acce mlens! = ; Edmir Senio Joshi to resonal P. Laberton, a function blanch beautiful a which experience is be orthogonal. OHM CONTRACTOR TO THE RESIDENCE OF THE PROPERTY OF THE PROPERT A STATE THE PARTY OF THE PARTY Committee and a second of the A CONTRACT OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08811 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Poge Cecil 0 0 death. MARYLAND Delaware New Castle Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Elkton c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. puo PM3. DOA Rural -Newark d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours (olong with form Union Hospital Newark RD# Stote | YES X NO Give Poges after death. NAME OF Middle 4. DATE Month Doy DECEASED Gerald T. Borcherdt 1966 within May (Type or print) DEATH 19 IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED K NEVER MARRIED lost birthdoy) Hours Male Oct.28,1911 Davs White WIDOWED hours DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Illinois ONY Chemist-Market analyst DuPont Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within E Frederick H.Borcherdt Lucia Tennyson File ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) removol. 356-07-9038 Mrs. Dorothy M. Borcherdt 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 20 IMMEDIATE CAUSE (0) Acute Word certificate should cremation, DUE TO Conditions, if any, which cove rise to immediate couse (o), DUF TO stating the underlying couse forworded lost. 50 burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, YES NO IR 10 pe 20a. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V. Inquiry 1 and in my apinion Natural causes V. the funerol director. death resulted fram: Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Health or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) 0 REMOVAL (Specify) May Newark, Delaware Head of Christiana 24. FUNERAL DIRECTOR VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. It Institution; Residence before admission) a. COUNTY Pages 1 b. COUNTY District of Columbia MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Perry Point, Md. 12 days Washington = etely filled in bon papers, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ė. ON A FARM? 24 Veterans Administration Hospital 1343 Wallach Place, N.W. No 🗔 etely within carbon NAME OF First Middle Last DATE Month Day Year DECEASED DF event, (Type or print) CLINTON 66 NMI CRAWFORD DEATH May 19 executed and cor SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH last birthday) Months | Days Hours any Male WIDOWED DIVORCED 4-25-93 Negro 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? be Navy Yard Helper Rock Hill, N. Carolina U.S.A. death certificate attending phy 13. FATHER'S NAME MOTHER'S MAIDEN NAME (D) Mary Johnson (D) Joseph Crawford ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes nive war or dates of service) 578-46-6613 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the Nam been signed by the sast the burial-transit prior to burial, crema PART I. DEATH WAS CAUSED BY: attending physician, Cerebral thrombosis days IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause tast. Has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO K YES [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) detached for the detached for the Dept. of H OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work p.m. 19 DIRECTOR: Alage 3 should lied with the S 19 66 to May May 11 1966 PREMICH PROPERTY 21. I certify that (this_hospital) attended the deceased from_ saw the decreased bling and the date stated above. 22b. DATE SIGNED 22a. SIGNATURE page 5-23-66 MED DIRECTOR M.D. PHYS. PHYS. FUNERAL (TO HOSPITAL director, p 22C. PHYSICIAN'S 22d. ADDRESS NAME (Type) GOLDGRABEN. M.D. Hospital, Perry Point, Md. BURIAL, CREMATION, 23b. BATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d COCATION (City, town or county) (State) REMOVAL (Specify) Removal 24. FUNERAL DIRECTOR **ADDRESS** .C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE D Johnson & Jenkins Funeral Home, Washington, VR A15 (4) Actionles Judge 20M 1/65

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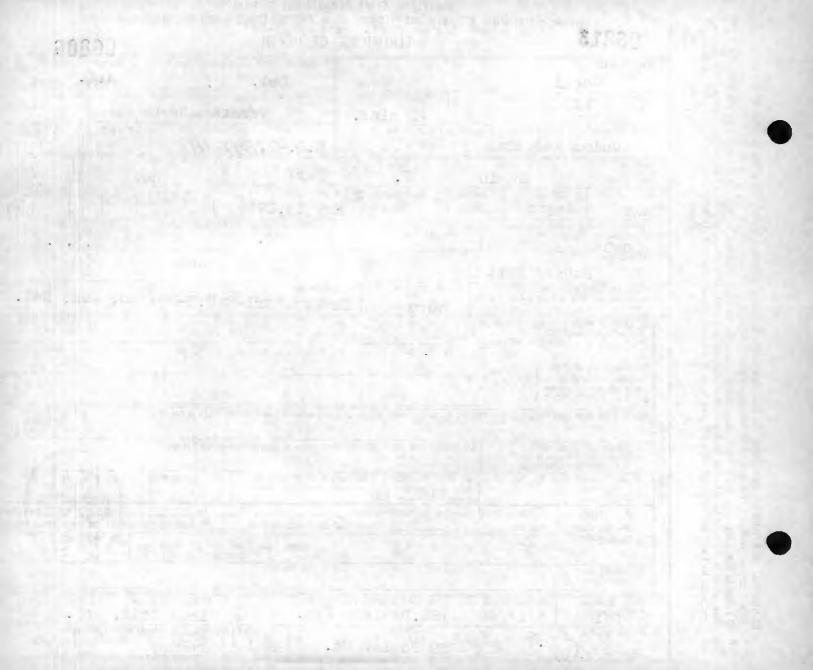
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08813 requires that the death certificate be executed within 24 haurs after death. sletely filled in by the funeral rathon papers. Pages 1 and set, within 72 haurs offer deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE DEL a. COUNTY b. COUNTY 40/. Cecil Cecil MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East 20 mins. Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE Russell Street ON A FARM? Union Hospital YES NO 3 NAME OF Middle 4. DATE Month Day Year and campletely DECEASED 19 66 J. Kevin Earl 13 May Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED Months last birthday) Days Hours Negro May 13,1966 Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S.A. the attending physician sit permit. Then please INDUSTRY Md. and none 14. MOTHER'S MAIDEN NAME Coleena Owens 13. FATHER'S NAME signed by the attending physic burial-transit permit. Then pl burial, crematian, ar remaval, Howard Earl WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Howard Earl-R.D.2-Box 40, Nwk, Del? (Yes, no, or unknown) (If yes give wor or dates of service) noen INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH espiratory IMMEDIATE CAUSE (a) by the haspital ar attending physician. compressing Resp. DUE TO Tuma Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause has been the 90 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED2 be detoched for use State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part 1 or Part II of item 18.] 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or Jown) 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) of work 21. I certify that (1) (this hospital) attended the deceased from. 19 , 19, that (I) (we) last ___ to TO HOSPITAL OR ATTENDE Page 4 may be retained 19____, and that death accurred at M, fram causes and on the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION (County) (State) Burial (Specify) St. Daniels Cem. Del. 5/17/66 Iron Hill, 250 RECD BY REGISTRAR **ADDRESS** 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 909 Poplar St.

MARYLAND STATE DEPARTMENT OF HEALTH



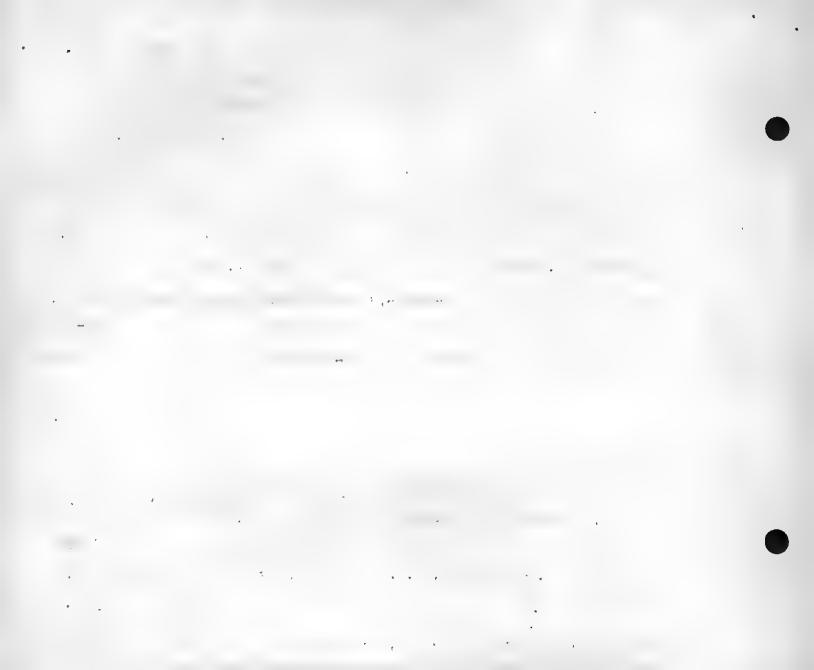
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06814 ate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission), 1. PLACE OF DEATH Kian and campletely filled in by the funeral lease remove carban papers. Pages 1 and and in any event, within 72 haurs after de a. COUNTY o STATE b. COUNTY Cecil Pennsylvania MARYLAND c LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits c CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town 11 hours Ridley Park d NAME OF HOSPITAL OR INSTITUTION (15 pag in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? hll Perry Street NO EX Union Hospital of Cecil County YES Middle 3 NAME OF First Lost 4 DATE Month Dov Year DECFASED 66 Fallin May 28 19 Jack DEATH (Type or print) 9 AGE (In years IF JNDER 24 HRS IF UNDER 1 YEAR S SFX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday)
62yrs Months Days Hours Apr 8.190h WIDOWED DIVORCED white 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life-even if refired) COUNTRY? Reed Villa .Va. USA 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME or remayal, Address 17. INFORMANT the attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO PHYSICIAN: The law requires that the death (Yes, no, or unknown) (If yes give war or dates of service) J. FALLIN - RIDLEY PARA burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove 3 nse to immediate cause (a). DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO T Coromary occlusion with posterior avocardial infarction 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Not While factory, street, office bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram 25 saw the deceased alive an news 19 6%, and that death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** STAFF DIRECTOR PHYS M.D. 22c. PHYSICIAN'S 22d ADDRESS Page 4 may t Cecilton.Md. NAME (Type) Walla ce Obenshain, M. D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23g. BURIAL CREMATION. CEMETER WOODLANDS 24 FUNERAL DIRECTOR VR A15 (4) Elkton. 20 M 1/66



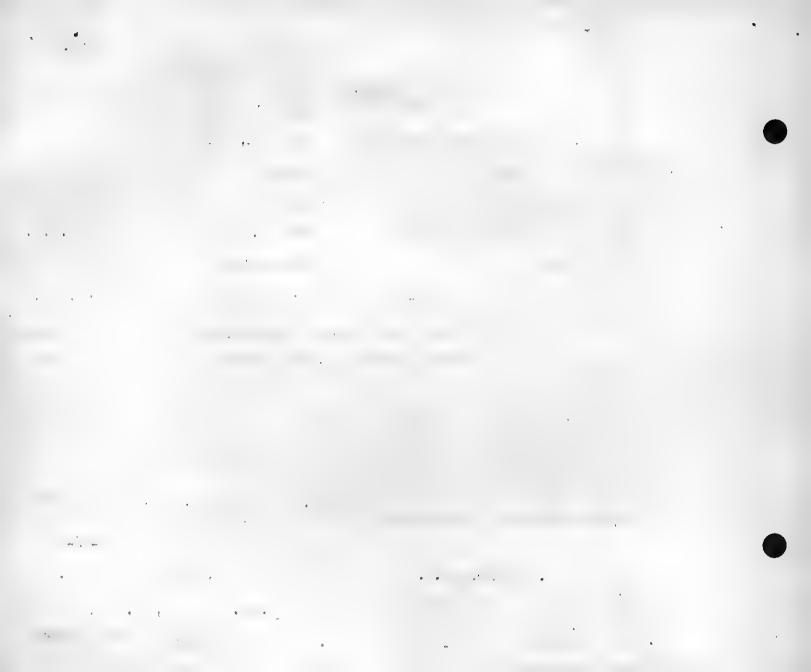
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		06815			CERTIFICAT	E OF DEATH			0680	8
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	cuted within 24 haurs after deat ampletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after deat	b CITY OR TOWN (If ou write RURAL and give Elkton	otside corporate limits, ve nearest town)		c LENGTH OF STAY IN 15		outside corporate limits.	-	neorest town)	
	Par Single	d NAME OF HOSPITAL C	OR INSTITUTION (If not	in hospitol, gi	ve street oddress)	d. STREET ADDRESS			e IS RE	SIDENCE FARM?
	in 24 lilled pape	Union Hosp	ital						YES	NO [
	Mag√z #h	3 NAME OF DECEASED	First	t in the second	Middle	Lost	4 DATE OF	Month		Year
	d w lete arb	(Type or print)	Inice		Ella	Haley	DEATH			9 66
	executed with nd campletely remave carbany event, with		COLOR OR RACE Thite	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH Aug. 24,190	9. AGE (In ligst bir		YEAR IF UNI Doys Hour	DER 24 HRS. rs M n.
	e death certificate be ex attending physician and sermit. Then prease rem an, or remayal, maringn	10a USUAL OCCUPATION (Gr during most of working life, Housework	ve kind of work done even if retired)		ID OF BUSINESS OR	11 BIRTHPLACE (Coun	ity & Stote, or foreign coun	12 (ITI) U.S.	ZEN OF WHAT	
	sicio at	13 FATHER S NAME		1100		14. MOTHER'S MAIDEI	N NAME	10101	IV.	
	phy ava	Wesley Wyet	h			Unknown				
	ing ma	15 WAS DECEASED EVER IN		16.5	OCIAL SECURITY NO. 17	INFORMANT		Address		
	aftendir permit, ian, or re	(Yes, no, or unknown) (If y		217	-22-001011	s.Pauline F	rewitt, O	xford, Pa.	R.D.	
•	ING PHYSICIAN: The law requires that the hospital or attending physician. Iter this certificate has been signed by the detached far use as the burial-transitate Dept. at Health priar to burial, cremativity.	PART 1. DEATH W Conditions, if ony, wh nse to immediate co stating the underlyin lost. PART II OTHER SIGNIF 20c. ACCIDENT WAS UN OR CONTRIBUTING 0 (IF EITHER, NOTIFY MED 20c. TIME OF INJURY Hour o m p.m. 21 certify	IMMEDIATE CAUSE (C DUE T DUE T DUE (C) DUE T DUE	o) Broom of one	O DEATH BUT NOT RELATED TO VILL TICATES CRIBE HOW INJURY OCCURRED JURY OCCURRED Not While for	THE TERMINAL DISEASE OF INJURY (Home, to ctory, street, office bldg, e	ONDITION GIVEN IN PAR Air France In Port I or Port II of itse orm, 20f. (City or	m 18.) town) (Cou	19. WAS AI PERFOI YES	UTOPSY RMED? NO (Stote)
	O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DILICTOR: At director, page 3 should b should be filed with the S	220 SAGRATURE 22c PHYSICIAN S NAME (Type)	mes C	DC	7	A.D. ATTENDING PHYS. 22d. ADDRESS	MED ST.	Acc 22b. DA	TE SIGNED	eu ubuve
	SPIT 4 m 4 m Gr, l		1/19721	770	chiksen M.	1) 10351,		C /5/7/64	7 , 177	<u> </u>
	Page 4 may O FUNERAL I director, pag should be fill	BURIAL, CREMATION, BURIAL (Specify)	23b DATE THER May, 31, 1		23c. NAME OF CEMETERY OF CEMETERY OF		Galena,	Kent		(Stote) Md.
	VR A15 (4) 20 M 1/66	2 FUNERAL DIRECTOR	(Felle	TIS.	Mellingle	250. REDATE	C'D BY REGISTRAR	25b. REGISTRAR'S SI	GNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Cecil Marvland MARYLAND c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) within 72 hours vrs mos Perry Point Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6. IS RESIDENCE d. STREET ADDRESS DN A FARM? 513 N. Mulberry St.. KOKON YES VA Hospital etely executed within pou Year DATE 3. NAME OF First Middle Last DECEASED Robert 1966 L. Harman DEATH May 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIEO DATE OF BIRTH 5. SEX remove any eve NEVER MARRIED last birthday) | Months | Days Hours | Min. 8 02 Male White WICOWEO [DIVORCEOX 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done). 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) = physician in please val, and fr COUNTRY? during most of working life, even if retired) INOUSTRY Hagerstown, Md. U.S.A. RIVETER AIRCRAFT 14. MOTHER'S MAIOEN NAME removal. 13. FATHER'S NAME ing ph Then requires that the death certifi Garfield J. Harman Carrie R. Brill 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. Ь (Yes, no, or unkown) | (If yes give war or dates of service) 219-12-00-70 VA Hospital Records - Perry Point. cremation. WW II the INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), 1 ONSES AND DEATH Acute cerebral hemorrhage à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). signed Jins been s the buria, burial, DUE TO Cerebral arterio - sclerosis vears Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the as the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I detached fr OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d. INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Oay, Year factory, street, officebldg., etc.) Hour a.m. While at work. Not While After at work p.m. 19 66 should ith the S 9 62 TEST CONTROL TO SET 21. I certify that 20) (this hospital) attended the deceased from DIRECTOR: 8: 44, from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ന≥ 20 66 filed DIRECTOR PHYS. Da FUNERAL 22d. AODRESS PHYSICIAN'S 22c. pe TO FUNERAL director, 1 should be NAME (Type) GOLDGRABEN. VA Hospital - Perry Point. Md. 23d, LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY **OATE THEREOF** BURIAL, CREMATION, 23b. REMOVAL (Specify) Rose Hill Cemetery Hagerstown, Maryland 23/66 Remova] 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR AODRESS **EUNERAL DIRECTOR** VR A15 (4) Hagerstown, Maryland Rouzer 20M fentarqui



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. CDUNTY Virginia Cecil MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTHOP STAY AND c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) yrs 8 mos Perry Point Keyser d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS RFD # 1. Box Veterans Administration Hospital YES NOK executed within 3. NAME OF Month Day Last DATE DECEASED 66 26 (Type or print) ISAAC WALLACE INSKEEP DEATH 19 Mav AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH 6. CDLDR DR RACE 7. MARRIED X NEVER MARRIED 8-15-95 White Male WIDOWED | DIVDRCED [12. CITIZEN DF WHAT COUNTRY? 10a. USUAL DCCUPATION (Give kind of work done done in the line of working life, even if retired) in INDUSTRY 11. BIRT HPLACE (County & State, or fereign country) death certificate be McCoole, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phy rmit. Then p n, or removal, Goldie Miller William Inskeep 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address the attend it permit. (Yes, no, or unkown) | (If yes give war or dates of service) VA Hospital Records, Perry Point, Md. 705-10-0354 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by the burial-transit purial, cramat ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Probable ventricular fibrillation minutes DUE TO Arteriosclerotic heart disease vears Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Paralysis agitans Parkinson Disease) YES IX ND [208. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING DEAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) (State) 20f. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While at work at work p.m. 1962 to May 26 21. I certify that (E(this hospital) attended the deceased from Sept. 19 1976_X[[at 4]] (we) 783 22b. DATE SIGNED 22a. SIGNATURE 5-26-66 ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. page 22d. ADDRESS TO FUNERAL PHYSICIAN'S director, p should be NAME (Type) B. ROTHFELD, M.D. VA Hospital. Perry Point, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) 23d BURIAL CREMATION, 23b. DATE THEREDF Potomac Valley Mem.Pk. Keyser. W. Va. **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Perryville, Md. VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) a. COUNTY a. STATE b. COUNTY Cecil Maryland Charles ē the MARYLAND papers. Pages nin 72 hours at b. CITY OR TOWN (if outside corporate limits. 17 Yrs - 6 Mo c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š write RURAL and give nearest town)
Perry Point 24 hours Newburg c d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled within 72 I d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt 1 Box 91 VA Hospital NO YES remove carbon par any event, withir within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED Bennett P. JACKSON May 29 66 (Type or print) DEATH 19 executed 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) | Months | Days Male White Hours 1 9815 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) physician in please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and tr death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Morgantown Md. Fisherman Fishing U.S.A. removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then Sankston Jackson Emma M. King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attenit permit. Ь (Yes, no, or unkown) (If yes give war or dates of service) 217-14-76-48 VA Hospital Records - Perry Point. Md. cremation. interval between onset and death 3-7 days 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the Š PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). BRONCHO-PNEUMONIA. Bilateral n signed | burial-tra burial, cr DUE TO Conditions, If any, which Chronic Emphysema, Severe Years gave rise to Immediate r the DUE TO cause (a), stating the prior underlying cause last, as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health use PERFORMED? certificate YES X NO T hospital PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. Not While at work ATTENDING p.m. at work DIRECTOR: At age 3 should | Filed with the S 11, 12 48 21. I certify that x (this hospital) attended the deceased from STREET, to. Democratic accounts and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED.
DIRECTOR 29 66 STAFF PHYS. 4 M.D. ba 軍 HOSPITAL TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) Benjamin Rothfield. VA Hospital - Perry Point, Md. MD. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) rlington National Ft Myer, Va. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR cil VR A.15 (4) **IaPlata** 20M 1/65

* 4 **N** . e e

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CS819 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers Pages I and thin 72 hours after de th PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY Maryland b CITY OR TOWN (If autside corporate limits, dec11 MARYIAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Elkton min. Conowingo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 Union Hospital YES NO PC NAME OF Erst Middle Last 4. DATE Month Doy Year DECEASED (Type or print) Infant Johnson OF DEATH 1966 Mav S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Child May 1. 1966 Male Col. **WIDOWED** 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ar removal, and in during most of working life, even if retired) **INDUSTRY** COUNTRY? Cecil IISA 13. FATHER S NAME 14. MOTHER'S MA DEN NAME ELHER Johnson signed by the attending | burial-transit permit. The burial, cremation, ar remo IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Elmer Johnson. Conowingo. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART | DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse 라라 has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate NO 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram_ , 19____, ta_ , 19____, that (I) (we) last 4 may be retained director, page 3 shauld shauld be filed with the 19 sow the deceased alive on. and that deoth occurred ot_ M, from couses and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ercolini Gresia, M.D. Union Hospital. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BJRIAL, CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Zora Cemetery Cecil 750. REC'D BY REGISTRAR TO 1550 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1966 Charles 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06820 CERTIFICATE OF DEATH

00019

	/							15-24-	1 1	
1. PLACE OF DEATH a, COUNTY					ENCE (Where de	ceased lived, If inst	itution: Res	idence Befoi	re admission)	
Cecil			MARYLAN	a. STATE	iana	b, coun	ΙΥ			
b. CITY OR TOW	N (if outside corpora	te limits,	C. LENGTHOS SIAY IN			rporate limits, writ	e RURAL a	nd give ne	arest town)	
_	and give nearest tow		5 yrs 4 mos							
	Point	All eld mad in the	spital, give street addr	ess) d. STREET ADDRE	nsville			10 10	RESIDENCE	
a. MAME OF ROS	CHAL OK INSTITUTIO	na (is not to no:	spital, give street addr	ess) G. SIREET ADDRE	135				A FARM?	
Veter	ans Admini	stratio	on Hospital	. 111	John S	treet		YES [NO 🗌	
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Month		Day	Year	
(Type or print)	EI	MER	L.	JONES	DF DEAT	в Мау	6		19 66	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years i	FUNDER I	YEAR IFU	NDER 24 HRS	
Male	Negro	WIDOWED F		7 0 - 0 -		last birthday)	Months D	ays Ho	ours Min.	
	ION (Give kind of work	[I				e, or foreign country)	1 12. CIT	IZEN OF W	ZHAT	
during most of worki	ng life, even If retire	d) INI	DUSTRY		_		COU	JNTRY?		
Laborer				Maryla				U.S.	.A.	
13. FATHER'S NAM	<u> </u>			14. MOTHER'S M	NAIDEN NAME					
Unknown					nown			_		
15. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S	OCIAL SECURITY NO.	17. INFORMANT		Address	S			
Yes	WW I		3-54-1447 V	A Hospital	Record	s. Perry	Poin	t. Md	3.	
			ie for (a), (b), and (c).]	11 1100 02.002	110001 0	3, 1011		INTERVAL	BETWEEN	
	ATH WAS CAUSED BY	: Dro		nie Rileter	רפי			ONSET A	ND DEATH	
	IMMEDIATE CAUSE (a) DE OTICHO TITEMBOTICE, DE DECCE CE									
	Conditions, If any, which \ Cerebral Infarction (Stroke)								20114	
Conditions, If a		(p) ceren	tar miarce	TOU (SCLOKE)				9-10	uays	
cause (a), st										
underlying caus		(c) Cere	bral arteri	osclerosis						
PART II. OTHER'S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	IGNIFICANT CONDITION	ONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIVEN IN P	'ART 1(a)		S AUTOPSY REORMED?	
CAT								YES 3		
20a, ACCIDENT	WAS UNDERLYING	1 20b. Di	ESCRIBE HOW INJURY	OCCURRED. (Enter natur	e of Intury In F	art I or Part II of	Item 18.)	1 146		
OR CONTRIBUTI	NG CAUSE OF DEA	TH								
			JURY OCCURRED 20e.	PLACE OF INJURY (Home	n farm I 20f	(City or town)	(Count	tu)	(State)	
20c. TIME OF I	NJURY Month, Day,	While		factory, street, office bld:		(GILY OF LOWII)	(GOUIII	13/	(31010)	
	n. 19	at work	at work							
21. I certif	v that TD (this hos	oital) attende	d the deceased from	Jan. 4	, 15 61, to	May 6	_, 19 6	6 there	SELECTOR H	
NAME AND ADDRESS OF	MAKEN MAKEN	XXXXXXX	XXXXXXXX and	that death occurred a	at_9:30f	rom the causes a	and on the	date sta	ated above	
22a. SIGNATUR			,			m	22b. DAT	TE SIGNED		
1/2	lastine		-712/	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	5-7	-66		
22c. PHYSICIA		2 color filed	1200	22d. ADDRESS						
NAME (T)	pe) CHARLE	S E. LA	WSON, M.D.	VAH, P	erry Po	int, Md.				
23a, BURIAL, CREM	ATION. 23b. DATE		23c. NAME OF CEME	1		OCATION (City, to	WB OF COUR	tvl	(State)	
REMOVAL (Spe	eclfy)	hia.		_				-37	(2.010)	
Removal	2///	1166	Louden Par		BEOLD BY DEC	Itimore, ISTRAR 25b. RE	Md.	CICNATIO	RE	
24. FUNERAL DIRE	H 131	51		and J mount of						
Penningt	on & son	Funeral	Home, Hav	re de Grand	MH TT	1966	liarle	D Jus	de la	

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. VR A15

funeral and 2 r death

executed within 24 hours after death.

15 (4) 1/65

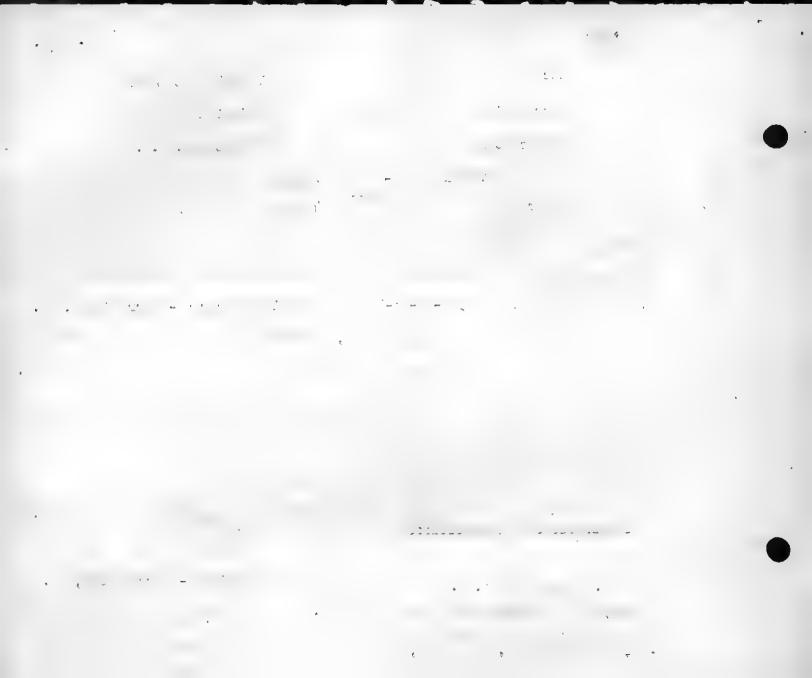


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH るり PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Cecil Arlington 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Perry Point Arlington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ve carbon papers, event, within 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VA Hospital 1721 14th St. No X YES executed within 3. NAME DE Middle Last Month DATE Day DECEASED Melvin comple Jerome May 18 (Type or print) Jones. DEATH 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 12 15 90 Malle Negro WIDOWED IT DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) death certificate be INDUSTRY Laborer Arlington. Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME he attending ph permit. Then William (deceased) Marv deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) VA Hospital Records - Perry Point. WW been signed by unit the burial-transit i 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 1-2 Months PART I. DEATH WAS CAUSED BY: Malignant Cachexia IMMEDIATE CAUSE (a) DUE TO Carcinoma Of Large Intestine (Splenic Flexure) 3-6 Months Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO I 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work 66 70 21. I certify that AF (this hospital) attended the deceased from. sent the observed at the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 5 19 66 FUNERAL director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) LII. M.D. VA Hospital Perry Point. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Arlington National Removal Ft Myer. Virginia 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR Arlington, VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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	1			DIVISION OF ST	MAI FATISTICAL RES	RYLAND STAT	E DEP	ARTMENT OF	HEALT	TH. BALTI	MORE 1. A	AARYL	AND
	- 4M			06822				OF DEATH		., 5	0	681	5 .
	after omath. the funeral ges 1 and 2 after deaths		1.	PLACE OF DEATH a. COUNTY Cec	il			2. USUAL RESIDENC a. STATE DIST		bc	COUNTY	esidence t	efore admission
	ithin 24 houm after etely filled in by the 1 bon papers. Pages 1 within 72 hours after		-	b. CITY DR TOWN (If outsi write RURAL and give t	de corporate limits, learest town)	c. LENGTH DF STAY	Y IN 1b	c. CITY DR TOWN (If			JMBTA s, write RURAL	and give	nearest town)
_	haum d in by rs. Pa					3 mo 18 d			ingto	1		, ,	
	24 he filled papers. in 72 h			d. NAME OF HOSPITAL OR		hospital, give street a	iddress)	d. STREET ADORESS				0.	IS RESIDENCE ON A FARM?
	in 2 by fi this	7			Hospital		<u> </u>	1818	13th		W.	YE	
	completely ve carbon pevent, withi		3.	NAME DF DECEASED	First	Middle		Last	4. DATE DF DEAT		lonth	Day	Year
	tel wi comple ve carb event,		5.	(Type or print) SEX 6. CDLOR	Clevele DR RACE 7. MARRIE		m/St 8	JORDAN OATE OF BIRTH	DEAT	ACE (In ve	May 20	1 VEAD III	1966
	emecutem within and completely remove carbon is any event, within]	Male Ne	gro WIDDWE	D DIVORCE	D	7 15 14	3	last birthd 51. yr	s. Months	Days	Hours Min.
	e: .=		10a dur	USUAL DCCUPATION (Give king most of working life, ev	Ind of work done 10b. en If retired)	KIND OF BUSINESS OF	}	11. BIRTHPLACE (Cer	unty & State	, or foreign co	untry) 12. C	ITIZEN OI DUNTRY?	FWHAT
	icate be emecut physician and c please remove]	aborer FATHER'S NAME		N/A	1	Mississi	LDD1. EN NAME			USA	
	certific films remove			Villiam Jorda		eased)		Flay Wil	lliams	(De	ceased))	
	atten atten n. or				war or dates of service)	6. SOCIAL SECURITY NO 578–16–38–15		VA Hospital	Recor		idress	int	Md.
	the tre			18. CAUSE OF DEATH (En	1 -				210001	<u>up - 1</u>	CARY IC	INTER	VAL BETWEEN
	remutres that the death ding physician, been signed by the att the burial-transit perm r to burial, cremation, or		П	PART I. DEATH WAS (CAUSED BY: ATE CAUSE (a) BY	onchopneumo	nia,	bilateral					O days
	s the lysic ligne rial-l			Conditions if any subtat	DUE TD								
	luire g ph en s e bu			Conditions, if any, which gave rise to immediate	(0)	rcinoma of	the]	Esophagus			-	6-1	O BOS.
	age of the second			cause (a), stating the underlying cause last.	DUE TD (c)	€							
	is The law remutres that the death certificate be all or attending physician. If the attentions of the strength of the strength of the physicial for use as the burial-transit permit. The please Health prior to burial, cremation, or removal, and its and is the strength of the strength o		CERTIFICATION	PART II. DTHER SIGNIFICAN		BUTING TO DEATH BUT N	NOT RELAT	ED TO THE TERMINAL D	ISEASE CDA	IDITIDN GIVE	N IN PART 1(a)	19. YES	WAS AUTOPSY PERFORMED?
	ictan: The ospital or a certificate hed for use to the of	7.	TIFIC	20a. ACCIDENT WAS UNDE	RLYING [] 20b.	DESCRIBE HOW INJU	RY DCCUR	RRED. (Enter nature of	injury in P	art I or Part	II of item 18		
	cer cer ched pt. o			DR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDIC	CAL EXAMINER)								
	D HOSPITAL OR ATTENDING PHYSICIAN: The law remuires than I Page 4 may be retained by the hospital or attending physician. I FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		MEDICAL	20c. TIME DF INJURY M Hour a.m. p.m.	onth, Day, Year 20d. While 19 at wo	e Not While	20e. PLAC factor	E DF INJURY (Home, far y, street, office bldg., et	m, 20f.	(City or town	n) (Cou	inty)	(State)
	ed be Aft ed be		2	21. I certify that 49			rom	2 8 66 19	. to	_m 5 26 1	66_, 19_	tha	- (i)v(wa) vian
	ATTENDING retained by CTOR: After should be vith the Stat			Swelle decression	1.			death occurred at 1	:101, 1	om the cau	ses and on t	he date	stated above
	rat or artenbli nay be retained AL DIRECTOR: Ai page 3 should e filed with the S			22a. SIGNATURE	Goldher		M.D.	ATTENDING N	IED.	STAFF PHYS.	225. 0	ATE SIGN	66
	O HOSPITAL Page 4 may O FUNERAL director, pa	1		22c. PHYSICIAN'S NAME (Type) S. GOLDG	DADEN M D			22d. ADORESS			rry Poi	nt. 1	vid.
	D HOSPITA Page 4 mi D FUNERAL director, 1		23a	BURIAL CREMATION 23	RABEN M. D		EMETERY	OR CREMATORY			ty/town or co	_	(State)
	5 5 5 E	1	1	REMOVAL (Specify)	7-121-66	Arling	ton	Hational	174	ling	ton	Va	r I I D F
		4	-24	NINERAL DIRECTOR	morra	ADDRESS /		******	D BY REGI	1//	. REGISTRAR Clark	400.	J.Z
	VR A15 (4) 20M 1/65	1	SI	ewden Funeral	Home, Rock	ville, Mary	rland	MARIA	b	966	const	o July	7-



M	_	C6823 CERTIFICATE OF DEATH	06816
		b. CITY OR TOWN (if autside corporete limits, p.c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporete limits, write RUR	Cecil
2/	1	write RURAL and give neerest town) Bainbridge A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDE
21.	3.	Station Hospital, USNTC 211 West Main Stre NAME OF DECEASED (Type or print) Viola Daisy KEELING A. DATE Month OF DEATH May	et YES NO Dey Yeer 5 1966
	F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF U lest birthdey) May 5, 1966 9/15. 9/15.	NDER 1 YEAR IF UNDER 24 H
	do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) FATHER'S NAME 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or fore gn country) Cecil County, Marylan FATHER'S NAME	12. CITIZEN OF WHAT COUN
	1S.	Douglas Earl KEELING WAS DECEASED EVER IN U.S. ARMED FORCES?, 16. SOCIAL SECURITY NO. 17 INFORMANT Address	NG
	(Te	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSE BY: PREMATURITY	INTERVAL BETWEE
		TAMEDIATE CAUSE (e) 7.76 X DUE TO Conditions, if eny, which gave rise to immediate cause (a), steting the underlying cause lest.	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTO
0	ERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part II or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	PERFORMI
	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 2Ds. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Not While Not While Not While Not While Factory, street, office bidg., etc.)	AEZ WO
	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) factory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 5 May 1906 to May saw the deceased alive on 5 May 1906, and that death occured at	(County) (Stell
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I 2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enlar nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20f. (City or fown) Factory, street, office bldg., etc.) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20c.) City or fown) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20c.) City or fown) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20c.) City or fown) 2De. TIME OF INJURY Month, Dey, Year 20c. PLACE OF INJURY (Homa, farm, 20c.) C	(County) (Stell No
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND . CERTIFICATE OF DEATH funeral 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Cecil MARYLAND bon papers. Pages within 72 hours aft b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b 41 days Aberdeen Perry Point .≡ e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled DN A FARM? YES NO Y Veterans Administration Hospital 160 Darlington Avenue law requires that the death certificate be executed within and completely emove carbon p Year 3. NAME OF OATE Day First Middle Last DECEASED event, 1 19 66 JACOR KELLS DEATH 16 (Type or print) F. May AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 6-6-91 White Male WICOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if getired) INDUSTRY U.S.A. Johnstown, Penna. Mail Employee (P.O. U.S. Govt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova ed by the attending paramit. Then the cremation, or remove (D) Sarah Kanuer George W. Kells (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) ((If we give war or dates of service) 210-09-7608 VA Hospital Records, Perry Point, Md. WW 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH been signed than the purial transition to burial, creminal to burial, creminal to burial to buri PART I. DEATH WAS CAUSED BY: attending physician. davs Pulmonary edema IMMEDIATE CAUSE (a) DUE TO Coronary thrombosis, right coronary artery 2-5- days Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior Arteriosclerotic heart disease weeks underlying cause last. 38 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? certificate CERTIFICAT Ь (15 years) Diabetes mellitus YES K NO T 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) detached fr this (County) (State) 12De, PLACE OF INJURY (Home, farm, 2Df. (City or town) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While After at work ATTENDING D.M. at work 21. I certify that W (this hospital) attended the deceased from April 1966 to May 16 19.66. shatoticikusixlasix Ö DIRECTOR: Jage 3 should lied with the saw the deceased adversors and on the date stated above. 22b. DATE SICNED SIGNATURE MED. page 5-16-66 M.D. HOSPITAL director, pr FUNERAL PHYSICIAN'S 22d. **ADDRESS** NAME (Type) GOLDGRABEN. MD. Hospital, Perry Point, Md. 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Md. Baltimore, Baltimore National Cemetery. 66 May Buris! REC'D BY RECISTRAR L 25b, REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR A15 (4) Home Aberdeen. Marvland uneral 20 M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06825 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE b COUNTY 70 CECIL ELKTON MARYLAND Marvland Cecil hours ofter death Department b. CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate imits, write RURA, and give nearest tawn) and write RURAL and a ve nearest town)
Elicton Life Baltimore-Rural - Elkton d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? olong with form in Item 18. Give Poges UNION BOSPITAL RD #2 219 Miller Road NO X 3 NAME OF First Moddle Last 4 DATE Day DECEASED LEWIS JOHN LEE 27 MAY 66 DEATH 19 2 weth S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED last birthday) Manths Davs DIVORCED W DOWED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY pages l in any Maryland Mechanic Auto. "pending" in pencil in ef Medico! Examiner's 13. FATHER'S NAME 14 MOTHER'S MA DEN NAME This certificate should be executed with Mary Hughes File Frank Lee 15. WAS DECEASED EVER IN U.S. ARMED EORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit removol, (Yes, no, ar unknown) (If yes give war ar dates of service 217-09-4348 Lewis J. Lee Jr. Newark. Yes 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-fransit PART I DEATH WAS CAUSED BY ONSET AND DEATH s a buriol-transit cremotian, or r IMMEDIATE (AUSE (a) Multiple traumatic injuries icate, writing the word be forworded to the Ch DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause used as buriol, a WAS AUTOPSY PERFORMED? PART I OTHER SIGNAF CAN'T CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) please execute the certificate. YES 🔽 NO agent, prior to 20g EXTERNAL CAUSE WAS PRIMARY 13 or CONTRIBUTING 1 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Jem 18) 3 should CAL EXAMINER: CAUSE OF DEATH. Pedestrian - auto 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) TIME OF NURY Month, Day, Year (County) (State) Hour am not While at work factory, street affice bldg, etc.)
Street 19 66 While atwark While FUNERAL DIRECTOR: Page 3:22 AMom 5-27-Elkton. Ceci1 Md. 21 I certify that I took charge of the remains described above, held an Autopsy [X], Inquiry | Inspection . ond in my opinian funeral director. Suicide . death resulted from Natural causes . Accident . HamicideXXX Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 3 **SIGNATURE** O DEPUTY Ö DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, MD. 5/27/66 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the 23b DATE THEREOF 23a BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 Elkton. 1966 Elkton Cemetery Maryland 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5 6M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

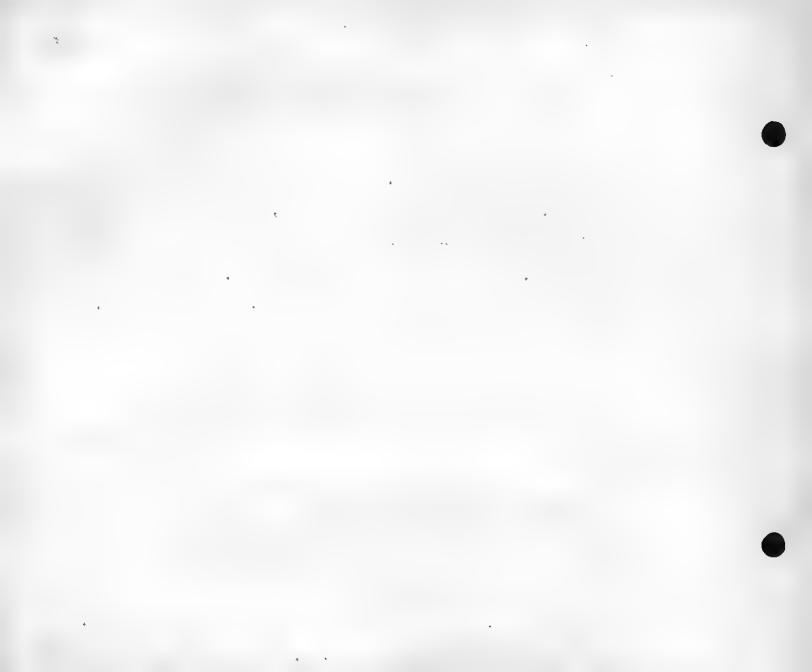
Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending post in and completely filled in by the funeral director, page 3 should be detached for use as the burial-trans:t permit. Then piece remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
06819

	66880			CERTIFICAT	E OF DEATH		00818
1.	PLACE OF DEATH	1					tution: Residence before admission)
	Cecil			MARYLAND	a. STATE	b.countrict of Columbi	
		N (if outside corpora and give nearest to	ate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	e RURAL and give nearest town)
_				35 days spital, give street address)	Washingt	on	4,
					d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
_		Administ	ration	Hospital	3500 Cla	y Place, N.E.	YES NO NO
3.	NAME OF DECEASED		irst	Middle	Last	4. DATE Month	Oay Year
_	(Type or print)	Pur	AMUEL	NMI	LIEBER	DEATH May	16 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. OATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	Male	White	WIDOWED		9-12-94	71 yrs.	
10a dui	a. USUAL OCCUPAT ring most of worki	ION (Give kind of worling life, even if retire	(done 10b. KII ed) IN	NO OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Printer			Shop	Roumani		U.S.A.
13.	. FATHER'S NAM	E			14. MOTHER'S MAIC	EN NAME	
	Hain	(D)			Celia (unk) (D))
15	. WAS OECEASEO	VER IN U.S. ARMED F	ORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Address	
l '''	Yes	WW I		-26-2497 VA	Hospital R	ecords, Perry	Point, Md.
	18. CAUSE OF	DEATH [Enter only or	ne cause per lir	ne for (a), (b), and (c).			I INTERVAL BETWEEN
	PART I. OE	ATH WAS CAUSED B	Tin	itis plastica	with genera	lized Metastase	s one and peath
	151X	IMMEDIATE CAUSE	(4)				
	Conditions, If		T0				
	gave rise to	immediate /	(p)				
	cause (a), st	willie file !	E TO				
Ę	underlying caus		(c)	TING TO OCATU DUT NOT DELA	TEO TO THE TERMINAL O	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
ΙĔΙ	FARTH. OTHERS	IGHT TOWN CONDIT	ONS CONTRIBUT	ING TO DEATH BUT NOT KELA	119EWSE CONOLLION GLAEN IN LY	PERFORMEDI	
FIC	00- 100 IDENT	Mar Charles Company				tale to perform part II at	YES NO
CERTIFICATION	OR CONTRIBUTE (IF EITHER, NOT	WAS UNDERLYING T NG CAUSE OF DEA TIFY MEDICAL EXAM	ATH INER)	ESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	Injury in Part I or Part II of	item 18.)
봉	20c. TIME OF I	NJURY Month, Day,	Year 20d. IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
MEDICAL	Hour an	n. 19		at work	ry, street, office bldg., e		
							, 19_66 thetelly (we) clast
			XXXXXXX	xxxxx9cxxxxend that	death occurred at_		nd on the date stated above.
١,	22a. SIGNATUR	RE () Ife	011-		ATTENDING	MED PIN STAFF	22b. DATE SIGNED
'	l	01		M.D	. PHYS.	DIRECTOR PHYS.	5-17-66
	22c. PHYSICIA NAME (Ty	rpe) I. REUS,	M.D.		22d. AODRESS	14 2 3 3	
-		***				<u>ital, Perry Po</u>	
238	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	
	Burial		7-00	Arlington Na	tional Cemet	ery, Arlington,	, Varginia
	. FHNERAL DIRE	* * *		Annotes Mash.	DC 25a. REC	0 1966 Pelos	IISTRAR'S SIGNATURE
E	Bernard 1	Danzansky	& Sons	3501 14th S	t., NMAY 2	U 1300 K	Las Judge

VR A15 (4) 20M 1/65 2

A E

2	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
	200 E	CS827 CERTIFICATE OF DEATH	06820					
hours after death	funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Re	esidence before admission)					
<u></u>	te 1	Cecil MARYLAND Manyland Ce	cil					
40	ages s af	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)					
SINO	in b	North East Time Riging Sun	μ ¹					
4 T	led pers 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
~~~	y fill pag thin	Pratt Nursing Home	YES NO S					
executed with	rbon wi	3. NAME OF DECEASED First Middle Last 4. DATE Month OF OF DEATH Mark	Day Year					
*0	ca		20 1966					
cut	S e e	last birthday Months	Days Hours Min.					
	re r	DIVORCED   Cat   Side   Oct   3, 1880   85 yrs.    10a, US DAL OCC UPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11 BIRTHPLACE (County & State, or Toreign country)   12, CI	TIZEN OF WHAT					
pe	icial ase	during most or working life, even if retired) INDUSTRY	UNTRY?					
34e	al, a	Retired Maryla d US  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	<u>A</u>					
Ę	Then	Robert J. Love Lavinia M. Simmers						
93	endi it. i	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes gire war or dates of service)						
eat	erm on, o	No 218-18-3536 Robert Love, Rising Sun, Md.						
e d	the nation	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH					
at th	d by rans cres	PART I. DEATH WAS CAUSED BY: Conditional failure.	OHOLI AND DENN					
vsic th	gne gae	DUE TO						
ire ph	on pan	gave rise to immediate (b) ASCVD + Senile heart disease						
red	the tro	cause (a), stating the DUE TO						
Jaw Hen	has as pric	underlying cause last. ) (c)	119. WAS AUTOPSY					
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OR ATTENDING PHYSICIAN:	After this certificate has been signed by the attending physician and completely filled in by the factoriest certificate has been signed by the attention please remove carbon papers. Pages 1 be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the property of the prior to burial, cremation, or removal, and in any event, within 72 hours after the property of the prior to burial, cremation, or removal, and in any event, within 72 hours after the property of the prior to burial, cremation, or removal, and in any event, within 72 hours after the property of the prior to burial, cremation, or removal, and in any event, within 72 hours after the property of the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.	Hour a.m. While Not While at work at work at work						
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SPIT	A ST. A.	NAME (Type) AY S. BARNHART J. R. M. J. S/JAULDIN HVE. NORTH EA	51/14.					
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	(50)	24. FORERAL DIRECTORY ADDRESS 252. REC'D BY REGISTRAR 250. REGISTRAR						
	A15 (4) M 4-64	Lee A. Patterson & Son Perryville Ma DMAY 27 1966 Cuarle	1 Judge					



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	be retained by JIRECTOR: After a should be ed with the State	- 22	saw the dece	ased alive on 5	1	1965, and that	death occurred at_	M, from the ca		ne date stated above.
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ATIO	ERAL or, p	22	PRYSICIAN NAME (Typ	6)	a tan -	3 - 3 - 3 - 3	22d. ADDRESS			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE, OF, DEATH 24 hours miter death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH Cecil County a. STATE Maryland Baltimore MARYLAND by the Pages CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 16 44 yr 8mo 7da Baltimore Perry Point remove carbon paper any event, within 72 h papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? VA Hospital 2023 Maryland Avenue YES NO X within NAME DF First Middle Lest DATE Month Day DECEASED Domenico 14, 19 66 MMI Pascuci (Type or print) DEATH May executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED [X] last birthday) Months | Days Hours Unk. Male White WIDOWED [ DIVORCED physician and please r = 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRT HPLACE (County'& State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? death certificate be INDUSTRY and COAL Clerk Italy U.S.A. removal. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME The John Pascuci Pastoria Pascucci 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. Address 50 (Yes, no, or unknown) (If we prive war or dates of service) 213-48-3200 VA Hospital Records, Perry Point. Md. cremation, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ] burial-transit burial, cremat PART I. DEATH WAS CAUSED BY: Acute myocardial infarction day IMMEDIATE CAUSE (a) signed DUE TO been se Broncho pneumonia both lower lobes of lungs Conditions, if any, which davs gave rise to immediate まき DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? certificate YES X ND [ 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert 1 or Part II of Item 18.) detached from the Dept. of 1 20c, TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work m.g should ith the 21. I certify that (N. 1998 No. 1991) attended the deceased from Sept. May 14 DIRECTOR: age 3 should led with the 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. 5-15-66 PHYSICIAN'S 22d. ADDRESS FUNERAL director, p NAME (Type) Benjamin Rothfeld M.D. VAH. Perry Point. Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Balto., Maryland Louden Park National 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS UNERAL DIRECTO ville, Maryland 1966 VR A15 (4)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o, STATE Maryland a. COUNTY b. COUNTY Page Cecil 3 to death. MARYLAND portment b CITY OR TOWN (If outside corporate limits write RURAL and give nearest fown) c LENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) puo ofter Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Del hours 2208 E. Lombard Street 2208 E.Lombard St. NO X ofter death Give Pag 3 NAME OF Middle First 4 DATE Month 1966 29 DECEASED Phillips 0F May Rav Herman within (Type or print) DEATH S SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (in years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours 70 Male Cauc. hours WIDOWED DIVORCED 2/T8/T8 ond2 event 100 JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even 'f retired') INDUSTRY COUNTRY? QPV pencil in laborer Owens Boat Co West Virginia II S A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME certificate shauld be executed within Mary Hancock Joseph Phillips and Œ. IS WAS DECEASED EVER NUS ARMED FORCES 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) or removal. 236031901 Elsie Phillips as above INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c).) ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Drowning IMMEDIATE CAUSE (o) e, writing the word forwarded to the Ch cremation, DUE TO Canditions, if any, which gove rise to immediate couse (o). DUE TO stoting the underlying couse lost used as buriol, ( WAS AUTOPSY PART II, OTHER SIGNIFICANT (OND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES X NO the certificate, ţ 20a EXTERNAL CAUSE WAS PR MARY (S) OF CONTRIBUTING ( 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18) ogent, prior Found lying in water-had been fishing CAUSE OF DEATH 20c T-ME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home farm, (City or fown) (County) (State) Not While Susquehanna River Cecil Md. Port Deposit 5/29 19 66 21. I certify that I took charge of the remains described above, held an Autopsy K Inspection [ Inquiry and in my opinion FUNERAL DIRECTOR: d.rector. death resulted from Natural causes Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral TO DEPUTY 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5/30/66 Russell S.Fisher, M.D. Address (Street city tawn, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) BURIAL, CREMATION (County) (State) Baltimore . Md Baltimore National 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 1966 VR A35ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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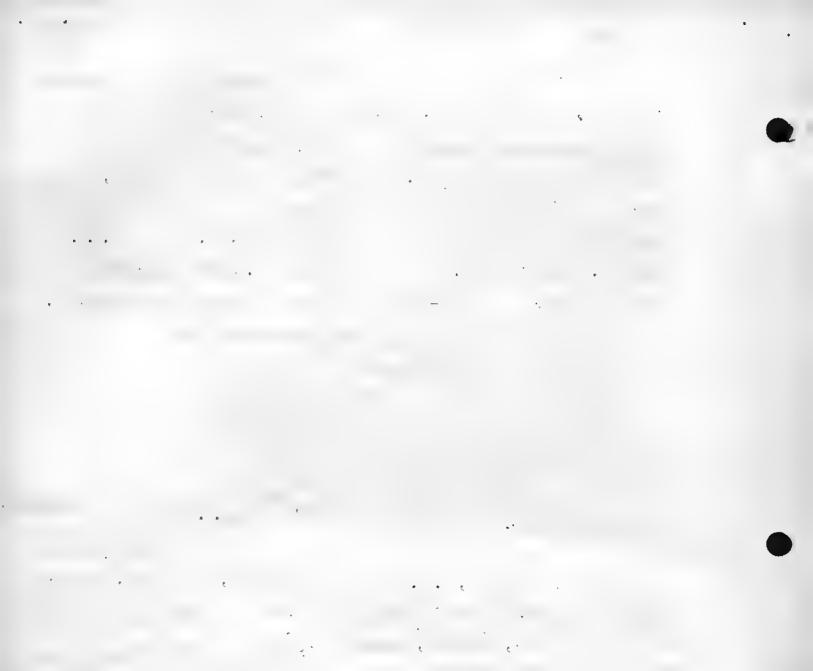
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	05831 CERTIFICATE OF DEATH	068
1.	PLACE OF DEATH  •. COUNTY  2. USUAL RESIDENCE (Where decessed	
	Cecil Maryland Maryland	Lecil
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	Bainbridge 2 hrs. 20 min. Bainbridge	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	
	Station Hospital, USNIC Trailer #63, Bainbr	idge Village
3.	Station Hospital, USNTC Trailer #63. Bainbr	Month Day
	(Type or print) Michael (n) PHILLIPS DEATH	May 12
5.	SEX 6. COLOR OR RACE T MADDIED TO NEVER MADDIED TO 8. DATE OF BIRTH 9. AGE	In yeers IF UNDER 1 YEAR
N	Male Caucasian WIDOWED DIVORCED May 12, 1966	irthday) Months Days
10a	LOSUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign	country) 12, CITIZEN C
do	one during most of working life, avan il ratired)  Cecil County, Maryla	nd U.S
13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	11Ú , Û•9
	Verneth Wenner DUTTITES Vethleen Anna Conla	n
15.	Kenneth Vernon PHILLIPS Kathleen Anne Conla	Address
{Ye	(ss, no, or unkown) (Ifyasgivawarordalesofservica) Hospital Records	
Ť	18. CRUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	ī inī
	PART I. DEATH WAS CAUSED BY:	ON
	Condition it and which it	
	Conditions, if any, which (b)	-
	(a), stating the underlying DUE TO	
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	TION GIVEN IN PART 1(a)
힡	(ANT III OTHER SIGNIFICATION CONTINUES TO THE SIGNIFICATION OF THE SIGNI	1
FICA	20s. ACCIDENT WAS UNDERLYING   20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Ital	
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of Injury in Part I or Part II of Ital OR CONTRIBUTING   CAUSE OF DEATH   If II THER, NOTIFY MEDICAL EXAMINER)	***************************************
CAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, farm, † 20f. (City or tow	rn] (County)
MEDIC.	feature stand office bldg ate \	(/)
¥	p.m. 19 at work at work	Mary soft
	21. I certify that (I) (this hospital) attended the deceased from 12. May 10.66 to 12	May, 1966., 1
	saw the deceased alive on	auses and on the dat
	228. SIGNATURE  ATTENDING  MED.  STA	
	22c. PHYSICIAN'S  22d. ADDRESS  DIRECTOR PHY	3. Ll 5
	NAME (Type) ROBERT L. MILLER, LT MC USNR Station Hospital, US	NTC Bainbride
		(City, town or county)
		(only) town of county)
236	REMOVAL (Specify)	36 7 7
	Buria / / 13.1066 West Nottingham Cemetery Colora	Maryland
	REMOVAL (Specify)	Maryland 256, REGISTRAR'S SIGNA Octobelly



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY Cecil District of Columbia MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ll days Washington Perry Point rbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5718 3rd Place, N.W. Veterans Administration Hospital YES NO K within NAME OF Last DATE DECEASED 1966 comple ve cart ROBINSON 16 HENRY DEATH Mav (Type or print) WILLIAM death certificate be executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Last birthday) | Months | Days Hours Male Negro WII 3-16-90 WIDOWED [ DIVORCED | 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Baldwin City. Ga. U.S.A. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova (D) Addie (unk) Robert Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address the attenit 5 (Yes, no, or unknwn) (If yes give war or dates of service) VA Hospital Records, Perry Point, Md. cremation, WW Unknown 18. CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the been signed by the burial-transit or to burial, crams CHSET AND DEATH UREMIA SEPTICEMEA PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO PERIURETHRAL AND PERIURETERAL ABSCLSS Conditions, If any, which (b) gave rise to immediate DUE TO POSTERIOR URETHRA PASSAGES IN THE (a), stating UNK. underlying cause fast. CERTIFICATION WAS AUTOPSY PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? PERT AORTIC NODES A.S.H.D. TUMOR TO YES K NO [ PHYSICIAL: 20a. ACCIDENT WAS UNDERLYING ! 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of (tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached HIS. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work 1966 to May 16 0 0 21. I certify that (this hospital) attended the deceased from May 5 19 66 HAT TIX WAS THE DIRECTOR: age 3 should iled with the 22a. SIGNATURE 22b. DATE SIGNED 5-17-66 MED. DIRECTOR 4 шау HOSPITAL ADDRESS FUNERAL director, p PHYSICIAN'S 22d. MAHER W. ISHAK. M.D. Hospital, Perry Point, Md. BURIAL, CREMATION J 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 11066 Louden Baltimore. Park National Maryl REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Yal Home, Perryville, Md nald VR A15 (4)





	DIVISIO	N OF STATISTI	MAR Cal rese	YLAND STA Arch and ri	TE DEI FCORDS	PARTMENT OF , 301 W. PRESTO	F HEALT N STREE	T. BALTIM	ORE		
1	06834			CERTII				068	327		
1.	PLACE OF DEATH	Н				2. USUAL RESIDEN				esidence before admis	sior
	a. COUNTY	Cecil		MA	RYLAND	a. STATE DIST	PRICT C	F COLUM	BIA		,
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow Perry Polr	ite limits,	c. LENGTH OF ST		c. CITY OR TOWN (H			write RURAL	and give nearest to	n We
				60 da			ningtor			10 00000	1010
	d. NAME OF HO	SPITAL OR INSTITUTION VA Hospita		ospital, give stree	t address)	d. STREET ADDRESS		. N.W.		e. IS RESIDE	M?
-	NAME OF		Irst	Middle		Last	4. DATE	Mor	n th	YES NO	K
J.	DECEASED (Type or print)		Robert	L.		SHAW	OF DEATH		y 9,	19 66	)
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲 📗	B. DATE OF BIRTH	9.	AGE (In year last birthday	s IFUNDER	1 YEAR IF UNDER 24	HR Vin
	Male	Negro	WIDOWED			3-24-10		50 yrs.			лıп.
10	a. USUAL OCCUPAT Ing most of work	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS NOUSTRY	OR	11. BIRTHPLACE (C		-	C	ITIZEN OF WHAT	
10	Painte					Stephens 14. MOTHER'S MAII		gia		U.S.A.	
13	Pleas			(D)		Mary G:			(D)		
15	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES?   16.	SOCIAL SECURITY	ND.   17.	INFORMANT		Addı	ress		-
(Y	es, no, er unkown) Yes	(If yes give war or dates of WWII		57-05-053	5	VA Hospita	al Reco	rds - I	erry !	Point, Ma.	,
	18. CAUSE OF	DEATH [Enter only or	-	ine for (a), (b), and	(c).]					INTERVAL BETWE	EN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Mas	sive cere	ebral	hemorrhage	е			7-10 hi	-8
	442		TO W====	antanatu		dio vascula	an die	A 2 C A		years	
	Conditions, If gave rise to	Immediate /	(0)	ercensive	e car	UTO ASSCRI	ar ars	Cabc		Jears	_
	cause (a), si underlying caus		(c) Art	eriolar	nephr	osclerosis				years	
NO.			DNS CONTRIB	UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL	DISEASECON	DITION GIVEN	IN PART 1(a)	19. WAS AUTO	
ICA										YES X NO	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING TING CONTROL CAUSE OF DEATH	20b.	DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	f Injury in P	art I or Part II	of Item 18	.)	
		INJURY Month, Day,		NILIBY OCCURRED	120e PLA	CF OF INHIBY (Home, f.	arm.) 20f.	(City or town)	(Col	unty) (Stat	e)
MEDICAL	Hour a.i	m.	[ WILLIA	ווטג איווופ ך	facto	CE OF INJURY (Home, f. ry, street, office bldg., e	etc.)	(010) 01 101117	(500	,	•
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	Searcheade	reason kather on CX	XXXXXXXXX	XXXXIIIXXX	, and that	death occurred at		on the cause	s and on t	he date stated ab	
	22a. SIGNATU		RX			ATTENDING	MED.	_ STAFF _	22b. D	ATE SIGNED	
	22c. PHYSIC1/	ANI'S	2 4 10	~	M.C	), PHYS.	DIRECTOR		<u>x1 2</u>	9 00	
	NAME (T)	. m. a l	LDGRAF	BEN, M.D.			ospita.	l - Per	ry Poi	nt, Md.	
23	BURIAL CREM		THEREOF	20c. NAME OF	CEMETERY	OR CREMATORY	23d, L0	CATION (City,	town or co	unty) (State	)
	REMOVAL (Sp Remov	al   7 //	-1966	HYLING	ion	Valional	17/	MYET STRARI 25b.	DECISTOR	'S SIGNATURE	
24	FUNERAL DIRI	CIOR Jellie	un sp	anglet	11 77	THE MAY	C'D BY REGI		liante		
_	1	a Juna	717		-728	4) /(C.   DRIENT	TT K			4 4	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH death. funera USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a STATE DISTRICT OF COLUMNIA Cecil after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page hours hours 28 hours Perry Point Washington Ę bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 VA Hospital Elvans Rd. S.E. YES NO X letely . within 3. NAME OF Middle Last DATE Month DECEASED OF DEATH 66 Ulysses G. Shelton May 29 19 (Type or print) executed 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9-6-95 Male Negro WIDOWED [ DIVORCEDI physician so please T 10a. USUAL DCCUPATION (Give kind of work done ) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? an an West Virginia Postal Clerk U.S.A. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal. John D. Shelton Kate 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND. Records Address 50 (Yes, no, or unkown) | (If yes give war or dates of service) the atte 577-60-58-60 VA Hospital - Perry Point, Md. Yes cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the library transit or to burial, cremit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia, confluent of lower lobes DUE TO Pyelo nephritis, acute, left kidney. Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY this certificate letached for us∎e Dept. of Health PERFORMED? Chondrosarcoma, residual of dorsal spine YES X ND [ the hospital 20a. ACCIDENT WAS UNDERLYING DAR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d While Not While be retained by at work at work 21. I certify that (this hospital) attended the deceased from DIRECTOR: Jege 3 smould and that death occurred at 2:20 M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 29 66 ATTENDING M.D. PHYS. 22d. ADDRESS FUNERAL PHYSICIAN'S director, p NAME (Type) Benjamin Rothfeld VA Hospital - Perry Point. Md. (State) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. 2 Ft Myer, Virginia Arlington National REC'D BY REGISTRAR N 2 1966 ADDRESS Wash D.C. DATE FRAZIER FUNERAL HOME 4th and Florida Ave.. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65

2.	100	MARYLAND STATE DEPARTME DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P	
£.	- NE	C6836 CERTIFICATE OF D	EATH 66829
24 hours after death.	and 2 and 2 er death.		RESIDENCE (Where deceased lived, if Institution: Residence before admission)  E
urs aft	n by th Pages ours aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	TOWN (If outside corporate limits, write RURAL and give nearest town)  Charlestown
	letely filled in by the furbon papers. Pages 1 ; within 72 hours after d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET A	
ili.	completely i	3. NAME OF First Middle Last DECEASED	4. DATE Month Day Year
<b>≥</b>	comple we cart event,	(Type or print) House and A Smith	DEATH May 21, 1966
ecute	and corrections	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF E	last birthday) Months Days Hours Min.
ě	a a a		PLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de d	physician in plessin val, and br	Jelf employed   Mgr Ser. Sta.   Ma	ryland USA
ifica	g ph len l		R'S MAIDEN NAME
cert	physician. I signed by the attending phy burial-transit permit. Then pl burial, cremation, or removal.\	Howard T. Smith Gra	ce G. Jackson
ath	atte ermit in, ou	(Yes, no, or unknown) (If yes give war or dates of service)	. Smith, Charlestown, Md.
Ď.	the ratio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Smith Charlestown Md. INTERVAL BETWEEN ONSET AND DEATH
at #	lan. d by trans cren	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular (12-11/12)	tim
s th	nysic ligne rial-t	Conditions if any which a	
alire	ding ph been s the bu ir to bu	Conditions, if any, which gave rise to immediate DUE TO	ntarcita
Fe Te	andir s be th rior 1	underlying cause last. (c) Anteria scloratic condi	ovacular disease
The law	or attu	PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI	RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ICIAN:	certification of H	S OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of Injury in Part I or Part II of Item 18.)
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR. After this certificate has beer director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE DF INJURY Hour a.m.   White   Not While   at work   at work	(Home, farm, ce bidg., etc.) (City or town) (County) (State)
NO NO	he Si	21. I certify that (D(this hospital) attended the deceased from Pority	, 19 66, to May , 19 66, that (1) (we) las
	STOR Should the tith ti	saw the deceased alive on May 21 19 66, and that death occu	rred at 11 15 M, from the causes and on the date stated above
S S S S S S S S S S S S S S S S S S S	V be r DIREC 3ge 3 led w	220. SIGNATURE BOWLOUT M.D. ATTENDIN M.D. PHYS.	
O HOSPITAL	Page 4 may 0 FUNERAL director, pa should be fi	22c. PHYSICIAN'S NAME (Type) AVI BARUHART 22d. AD	ORESS ATT FAST, MARYLOTAL
9	Pag O FU dire shou	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify)	
-	7	Burial May 25, 1966 Principio Cemete	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	/R A15 (4)	les l'afficient For, Perryville, Md.	MAY 27 1966 Jelianles Judges



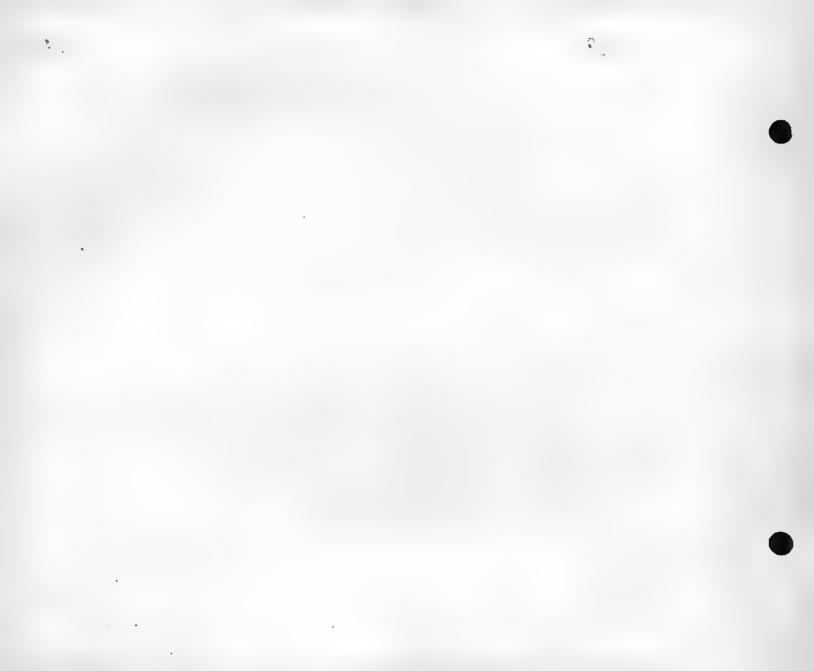
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 C6837 CERTIFICATE OF DEATH death within 24 haurs after death kian and empletely filled in by the funeral lease remave carban papers. Pages 1 and and in any event, within 72 haurs after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) p. COUNTY o. STATE b. COUNTY Coci MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Union Hospital Belle NO F YES NAME OF 4 DATE Muddie lost Month Doy Year DECEASED OF Type or print) MCF DEATH Mav SEX IF UNDER IF UNDER 24 HRS 6. COLOR OR RACI 7. MARRIED NEVER MARRIED DATE OF BIRTH > AGE (In years lost birthdoy) Months Dovs Hours 7 WIDOWED DIVORCED Female 1889 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate best please during post of working (Je, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please Housevife Delaware 11 9 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Francis Jesley Hesa Jary Elizabeth Atwel 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Allen Elkton burial-transit pem burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to signed by DUE TO Conditions, if any which gove rise to immediate couse (a), DUE TO stating the underlying couse as the prior tak has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 CERTIFICATION detached far use te Dept. of Health YES T NO TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory) street, office bldg., etc.) Not While ot work at work 2]. I certify that (1) (this haspital) attended the deceased fram.... 1966 to March 1960, that (ID(we) last and that/death accurred at 93 1/2 M, fram causes and an the date stated above saw the deceased alive an 1066 22n. SIGNATURE 22b. DATE SIGNED director, gage 3 shauld be filed v PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) itton Medical os eph 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Townsend, Del. ownsend Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) grals Elkton. Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Cecil Maryland Cecil MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Perryville 22 days bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? R.D. 1. VA Hospital. Perry Point. Md. NOX law requires that the death certificate be executed within etely carbon 3. NAME OF Middle 1 ast DATE Month DECEASED 19 66 (Type or print) WALTER T, SPURRIER DEATH 6. COLOR OR RACE AGE (in years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX OATE OF BIRTH 7. MARRIED X NEVER MARRIED 8. WIOOWED [ Male White DIVORCED [ 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Baltimore, Md. Clerk-Typist U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then Walter D. Spurrier (Deceaded) Annie Malone Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknwn) | (If yes give war or dates of service) 218-07-4559 WW I VA Hospital records . Perry Point . Md. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema attending physician. signed ting been the burial, the burial, the 420 OUE TO Focal broncho pneumonia days Conditions, If any, which (b) gave rise to immediate Arteriosclerotic coronary heart disease years DUE TO cause (a), stating the underlying cause last. Status post laminectomy days CERTIFICATION PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PEREORMED? certificate YES T NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour a.m. Not While ATTENDING p.m. at work at work 4-15-66 ਹ 21. I certify that 30 (this hospital) attended the deceased from. 19. to_ DIRECTOR: age 3 should led with the 22b. OATE SIGNED 22a. SIGNATURE almother theorem 5-8-66 ATTENDING page M.D. DIRECTOR PHYS. FUNERAL O HOSPITAL director, p 22c. PHYSICIAN'S 22d. ADDRESS VAH Perry Point, Md. Maher wahba Tshak 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify)
Burial-removal 2 Baltimore, Maryland Baltimore National 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR sing Sun. Md. 20 M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 66835 requires that the death certificate be executed within 24 haurs after death death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY and campletely filled in by the fur remave carbon papers. Pages 1 in any event, within 72 hours after Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give necrest tawn) 9 days Eliton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM Union Hespital Pridge Street YES -NO TO 3 NAME OF 4. DATE Last DOY Yeor DECEASED Ann Marie (Type or print) DEATH IF UNDER 24 HRS S. SEX 9 AGE (In years IF JNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED T 8 DATE OF BIRTH . last b rthday) Months White WIDOWED DIVORCED ur. 22. Famale 1933 10o LSLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician permit. Then please North Carolina Dood GB arek 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending pl burial-transit permit. Ther burial, crematian, or remay Luther Bradle Sugas Monie Lee Jacobs IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Pa: (Yes, no, ar unknown) (if yes give war ar dates of service Luther Rudolph Sugas. Clark Smit 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DIPATH IMMEDIATE CAUSE (a) by the haspital ar attending physician DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse be detached far use as the State Dept. of Health prior ta has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? NO X O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) 200 ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg., etc.) Haur o.m. Nat While at work at wark 21. I certify that (I) (this-hospital) attended the deceased fram.... 224 , 1965, that (1) (we) tast Page 4 may be retained director, page 3 shauld shauld be filed with the 19 66, and that death accurred at 2000 M, fram causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED ATTENDING X M.D PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATOR'S 23d. LOCATION (City or Town) 23a. BURIAL CREMATION REMOVAL (Specify) Elishon. Wanor Temorial Park. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE El'at on. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY a. STATE Maryland b. COUNTY Cecil MARYLAND by the Pages b. CITY DR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town)
Perry Point bon papers. Pag within 72 hours Michigan Forestville Perry 11 mos. 18 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1917 Berry Lane Veterans Administration Hospital YES NOK within etely completely ve carbon event, with NAME OF 4. DATE Month Day DECEASED 66 ALBERT SWAI N 12 (Type or print) THOMAS DEATH May 19 executed 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | Jast birthday) | Months | Days | Hours | Min. remove White Male WIDOWED [ DIVORCED 10-13-92 Ξ 10a. USUAL OCCUPATION (Give kind of work done) II. BIRTHPLACE (County & State, or foreign country) 10b, KIND DF BUSINESS DR 12. CITIZEN OF WHAT lease during most of workupa life, even if retired) INDUSTRY COUNTRY? U.S.A. County School NorthKeys, Maryland attending phys ermit. Then ple removal, 13. FATHER'S NAME BORTO 14. MOTHER'S MAIDEN NAME (D) Martha Rawlings John H. Swain 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address WW T 225-10-1633 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN DISET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral the hospital or attending physician. signed | urial-tra been shorial, burial, DUE TO Cerebral Arteriosclerosis 10-12 mos. Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as th prior 1 (c) Arteriosclerosis, generalized underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES THE ND PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached f Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work v 21. I certify that **D** (this hospital) attended the deceased from May 29 19 65 to May 12 19.66 THAT YOU THE WENT WENT THE DIRECTOR: age 3 should led with the saw the deceased alive one war war war 10 xxx, and that death occurred at 7:00M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR STAFF PHYS. 5-12-66 X M.D. PHYS. O FUNERAL I director, pa 22c. ADDRESS PHYSICIAN'S 22d. ROTHFELD VA Hospital, Perry Point, Md. a. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Portoval Burial 5/16/6 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Methodist Cometery Forest Memorratory Forestville, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Upper Ritchie Funeral Home, Marlboro, Maryland VR A15 (4) 1966 Achontes Judge 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COUNTY g STATE 2, and 3 to PM3. Page b COUNTY edi <del>"</del> deoth. MARYLAND b CTY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest to after Life d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Item 18. Give Poges 1, Office along with form hours Dogwood Road ate Dogwood Road YES NO X 24 hours after death 3. NAME OF Middle 4 DATE Doy Year within 72 DECEMSED Wanson (Type or pant) DEATH S. SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH 9. AGE ( n years TE UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) 56 yrs Months Doys Haurs WIDOWED D VORCED larch land 2 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY COUNTRY? Ordnance Products Maryland the Chief Medical Exominer's Laborer poges 13. FATHER S NAME .4 MOTHER'S MAIDEN NAME This certificate should be executed within  $\subseteq$ Olaf Swanson Hary Amelia Foracker pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) If I yes give wor or dates of service removol. es 1935-38 Frank O. Swanson, Elkton, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART DEATH WAS CAUSED BY ONSET AND DEATH Myocandial Infanction used as o burial-trans burial, cremation, or IMMEDIATE CAUSE (a) word DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse lost PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO V CERT FICATI YES its designated agent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INSURY OCCURRED (Enter nature of injury in Part I or Part II of term 18.) PRIMARY | or CONTRIBUTING | should CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCC., RRED 20e PLACE OF INJURY (Hame, form, 20f (City or tawn) (County) (Stote) Haur a m factory, street, office bldg, etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page pleose execute at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ... Inquiry . ond in my opin on Natural causes . Accident . the funeral director. death resulted from Suicide [ Homicide 🗍 Undetermined monner CHIEF MEDICAL EXAM NER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY necessory, 50 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) Address (Street, city, town, ar county) 23a BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town? REMOVAL (Specify) stion Elkhon MA 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Hicks 1966 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATMaryland b. COUNTY Cecill after Harford MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 12 days Perry Point Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) bon papers. within 72 h filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RD 2 Box 3 VA Hospital NO X YES [ etely within carbon NAME OF First Middle Last DATE Month DECEASED COMPLE Edward (Type or print) E. VICARI DEATH May 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH birthday) Months | Days Hours in any Male White 1-10-92 and WIDOWED X DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY physici U.S. Baltimore. Md. Mail carrier Govt. ā 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME The law requires that the death certificat then геточа (D) Rose Geraci Michael Vicari 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 5 (Yes, no, or unkown) ((If yes give war or dates of service) Yes 213-09-88-88 VA Hospital Records - Perry Point. Md. cremation, been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) attending physician. Bronchopneumonia DUE TO Cenditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. SB CERTIFICATION PART IJ, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use PERFORMED? certificate the hospital or NO TX o PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18.) detached for te Dept. of I MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. Not While After at work p.m. at work 0 21. I certify that 30 (this hospital) attended the deceased from DIRECTOR: age 3 should ited with the sax and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE Se a 5-26-66 page ATTENDING DIRECTOR M.D. 22d. ADDRESS VAH, HOSPITAL FUNERAL 22c. PHYSICIAN'S should be Perry Point, Md. director, NAME (Type) ROTHFELD. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL CREMATION. 2 28 May 66 Baltimore National Cemmetery Baltimore 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. Home, Aberdeen, Tarring Funeral VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06844 06837 r filled in by the funeral in popers. Poges 1 and 2 within 72 hours ofter death executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporote limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Elkton ELKTON 3 yrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 61 Union Hospital YES NO X completely fi 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED Walker May 19 Edward (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH " 9. AGP (In years 7. MARRIED **NEVER MARRIED** pleose remove last_birthday) Manths White Male June 16. 1900 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? roduce Market Kentucky requires that the death certificates Owner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, ar remayal the offending phy sit permit. Then Ruth Andrew Walker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war ar dates at service Mrs. Beulah H. Walker, Elkton, Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed l buriol-tr buriol, c Post ob. Prostatection BPH Conditions, if any, which gave rise to immediate couse (o), stoting the underlying couse os the prior to hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO F 2mphy5cma O FUNERAL DIRECTOR: After this certificate by the hospital or 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e: PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Haur o.m. Not While factory, street, affice bldg., etc.) ATTENDING at wark 21. I certify that (I) (this haspital) attended the deceased fram_____ 5-- 9-, 19 CO, to 5-20, 1966, that (1) (we) last be retoined director, page 3 should should be filed with the saw the deceased glive on 0-20- 186, and that death accurred at 8:2012M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN S NAME (Type) 22d. ADDRESS 123 Sinserly 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Elkton, Gilpin Manon Memorial Paple. 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Munican 1966 Elkton. Md.

